

REQUEST FOR RELEASE OF MEDICAL RECORDS

Requested from: _____
Physician Name(s)/Medical Facility

Address

City State Zip

Released to: _____ Tiffany Gorman, M.D.

_____ Christian Fulmer, D.O.

221 E. Hacienda Ave., Ste. B
Campbell, CA 95008
Phone/ 408 376 3350
Fax/ 408 374 4130

Patient Name: _____

Signature: _____

Address: _____

Date of Birth: _____

SSN: _____

Date: _____